

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

HOBBS OCD  
 RECEIVED  
 DEC 13 2018

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator  <b>EOG Resources, Inc.</b></p> <p>3. Address of Operator  <b>P.O. Box 2267 Midland, TX 79702</b></p> <p>4. Well Location        Unit Letter <u>O</u> : <u>200</u> feet from the <u>South</u> line and <u>1852</u> feet from the <u>East</u> line        Section <u>32</u> Township <u>24S</u> Range <u>34E</u> NMPM County <u>Lea</u></p>	<p>WELL API NO.  <b>30-025-45132</b></p> <p>Indicate Type of Lease        STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name  <b>Cobalt 32 State</b></p> <p>8. Well Number <b>703H</b></p> <p>9. OGRID Number  <b>7377</b></p> <p>10. Pool name or Wildcat  <b>WC025G09S243336I; Upper WC</b></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)  <b>3419 GR</b></p>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input checked="" type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
--	---

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/24/18 TD @ 17,189' <sup>624</sup>  
 Run 5-1/2", 20#, ICYP110 (0'-17189')  
 Cmt w/580 sx Class H, 14.8 ppg, 1.18 yld <sup>1.18</sup>  
 Test to 6300 psi/30 min - good  
 TOC @ 9250' by Calc  
 Release Rig

Spud Date: 10/31/18

Rig Release Date: 11/24/18

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Renee Jarratt TITLE Regulatory Analyst DATE 11/28/18  
 Type or print name Renee' Jarratt E-mail address: [REDACTED] PHONE: 432-686-3644

**For State Use Only**  
 APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 12/09/18  
 Conditions of Approval (if any):